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To:	U.S. Patent & Trademark Office	From:	Ronald E. Smith
Attn:	Dean J. Kramer - Art Unit 3652	Client:	1053.18
Fax:	(703) 872-9326	Pages:	10 including coversheet
Phone:	(703) 308-2181	Date:	August 5, 2004
Re:	USPN: 09/681,814	CC:	

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Docket No. 1053.18

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICERECEIVED
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AUG 05 2004

In re Application of: David W. Pratt)

Serial No.: 09/681,814)

Art Unit: 3652

Filed: 06/11/2001)

Examiner: Kramer, Dean J.

For: Dual Function Bailer)

Faxed to Technology Center 3700 at (703) 872-9326
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF FACSIMILE TRANSMISSION

(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this Amendment A, including Introductory Comments, Amendments to the Claims, and Remarks, is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 3652, Attn: Dean J. Kramer, (703) 872-9326 on August 5, 2004.

Dated: August 5, 2004


Charlene Morgan

(Amendment Transmittal—page 1)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3) SMALL ENTITY		
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	1	Minus	20	= 0	x \$9 =	\$0
Indep.	1	Minus	3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$140 =	\$0
Total						Addit. Fee \$0

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.
 If any additional fee for claims is required, charge Deposit Account No. 500745.



SIGNATURE OF PRACTITIONER

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(Amendment Transmittal—page 2)